

CITY OF MILWAUKEE APPLICATION FOR ABSENTEE BALLOT

Please return this form to the City of Milwaukee Election Commission

200 East Wells Street, Room 501, Milwaukee, WI 53202

YOU MUST BE REGISTERED TO VOTE IN THE CITY OF MILWAUKEE AT YOUR CURRENT ADDRESS IN ORDER TO RECEIVE AN ABSENTEE BALLOT.

REQUIRED INFORMATION

____ Voter Declaration: I certify that I am a qualified elector, a U. S. Citizen, at least 18 years old, having resided at the below residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation, or parole for a felony conviction, and not otherwise disqualified from voting.

SECTION 1: SELECT REQUESTED ELECTION DATES

MARK THE ELECTION(S) THAT YOU ARE REQUESTING TO RECEIVE AN ABSENTEE BALLOT:

____ FALL PRIMARY SEPTEMBER 14, 2010

____ FALL GENERAL ELECTION NOVEMBER 2, 2010

____ ALL 2010 ELECTIONS

____ MAY 25, 2010 (SPECIAL ELECTION)

OR, YOU MAY REQUEST THAT AN ABSENTEE BALLOT BE SENT FOR EVERY ELECTION BY CERTIFYING THE FOLLOWING:

____ I certify that I am indefinitely confined because of age, illness, infirmity or disability and request an absentee ballot be sent to me for every subsequent election until I am not longer confined or fail to return a ballot for an election.

SECTION 2: VOTER INFORMATION

Last Name _____

First Name _____ Middle Name _____

Date of Birth (MM/DD/YY) _____ Telephone (____) _____

Residence Address _____ Apt. Number _____

CITY OF MILWAUKEE, STATE OF WISCONSIN Zip Code _____

SIGNATURE: _____ **DATE (MM/DD/YY):** _____

SECTION 3: If mailing address is different than above address, send ballot to:

Your Name or name of person to send ballot in care of: _____

Nursing Home Name (If Applicable) _____

Mailing Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

SECTION 4: Mark ONLY if you are a _____ Military or _____ Overseas Elector.

SECTION 5: ONLY A HOSPITALIZED VOTER IS REQUIRED TO COMPLETE THIS SECTION.

HOSPITALIZED ELECTOR REQUESTING AN ABSENTEE BALLOT BY AGENT MUST CHECK THE BOX AND COMPLETE THE FOLLOWING:

☐ I certify that I cannot appear at the polling place on election day because I am hospitalized and appoint the following persons to serve as my agent, pursuant to s6.86(3), Wis. Stats:

Agent Last Name _____

Agent First Name _____ Agent Middle Name _____

AGENT: I certify that I am the duly appointed agent of the hospitalized absentee elector, that the absentee ballot to be received by me is received solely for the benefit of the above named hospitalized elector, and that such ballot will be promptly transmitted by me to that elector and then returned to the City of Milwaukee Election Commission.

Agent Signature _____

Agent Address _____ City of Milwaukee, State of Wisconsin, Zip Code _____

WITNESS: I certify that I am a resident of the City of Milwaukee, and that the statements contained in this application are true to the best of my knowledge.

Witness Signature _____

Witness Address _____